care hospital in India. Rheumatic heart disease and primary cardiomyopathies are also present in significant proportion. In ADHF patients there is low use of evidence-based therapies (ACE inhibitors/ARBs, beta-blockers) and short-term mortality is high.

Hypertension

Evaluation and assessment of rosuvastatin 40 mg treatment in high risk dyslipidemic patients (EARTH Study)

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Background: Rosuvastatin is commonly used in the treatment of dyslipidemia, however, studies with rosuvastatin 40 mg in Indian patients with high cardiovascular risk are lacking.
Objective: To assess the safety and efficacy of **rosuvastatin** 40mg in dyslipidemic patients with high cardiovascular risk.
Methods: In an open label, non-comparative, multicentric, post marketing observational study, 574 Indian patients were enrolled. Treatment was started with **rosuvastatin** 40 mg once daily for one month. After one month, patients achieving target goal of LDL-C < 70 mg/dl were shifted to r**osuvastatin** 20 mg once daily for next two months and those not achieving were continued on 40mg. At third month, patients achieving LDL-C < 70 mg/dl continued 20 mg and those not achieving the target goal were continued on 40mg for next three months. Lipid profile was repeated after six month. The primary evaluation parameter was percentage of patients achieving target serum LDL-C goal < 70 mg/dl at the end of one, three and six month. The secondary evaluation parameters included percentage reduction in serum LDL-C, serum. total cholesterol, serum triglyceride and percentage increase in S. HDL-C level at the end of one, three and six month, and effect on serum creatinine at six months. Global assessment for efficacy and tolerability was recorded by the doctor and patient at the end of six months. All adverse events were also recorded.
Results: Compared to baseline, there was significant increase in number of patients achieving serum LDL <70 mg/dl at one, three and six months. Similarly, significant reduction in serum LDL, total cholesterol and triglyceride level and increase in HDL was seen at one, three and six months. There was no significant effect on serum creatinine level. Most of the patients reported efficacy as either excellent or good as evaluated by both doctors and patients. Close to 95% of the patients reported tolerability as "good" as per global evaluation of tolerability by patients as well as doctors. Rosuvastatin was generally well tolerated. The incidence of adverse event was 9.9% with headache, myalgia, constipation and vomiting being the commonly reported adverse events. All the adverse events were of mild to moderate intensity and all of them resolved during the treatment. None of the patient required termination of treatment because of adverse event.
Conclusion: Rosuvastatin is effective and well tolerated medicine for the treatment of dyslipidemic patients with high cardiovascular risk.

Efficacy and safety of Telmisartan alone or in combination with hydrochlorothiazide in patients of essential hypertension

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Background: This study was conducted to evaluate the effect of telmisartan or telmisartan with hydrochlorothiazide (HCTZ) with or without patient's education about the blood pressure (BP). This education was focused on the reduction of body weight and healthy life-style.
Methods: 922 patients of essential hypertension were included in this study. The inclusion criteria were: essential hypertension (BP≥140/90 mmHg or BP≥130/80 mmHg in diabetic patients), age > 18 year and treatment of hypertension with at least one of the above anti-hypertensive drug. A total of 387 patients were treated with telmisartan and 535 patients with telmisartan with HCTZ. The randomization ratio for life style programme was 2:1. The life style programme included a 30 mins structured interview and written detailed materials focused on the healthy life style, diet and weight reduction. Patients were followed up at 4 to 8 weeks intervals.
Results: The decrease of BP (both systolic & diastolic) during telmisartan/telmisartan with HCTZ treatment was statistically highly significant (P<0.001). The decrease of BP below 140/90 mmHg was attained in 78.55% patients treated with telmisartan and in 66.64% patients treated with telmisartan with HCTZ. The final BP values (both systolic and diastolic) of patients enrolled in the life style programme were not significant different from the BP value in patients without the life style programme. The life-style programme had more "normotensive" patients (73.41%) than the patients not enrolled in the life style programme (69.70%). The difference was not significant. The mean decrease of body weight in the life-style programme patients was 2.64±4.11 kg, which was significantly more than in the non-life style programme patients (0.65±3.85 kg, p<0.05).
Conclusions: The telmisartan either alone or in combination with hydrochlorothiazide is an effective and safe anti-hypertensive drug. The educational programme led to the decrease of body weight, but did not significantly change the BP values.

Efficacy and tolerance of cilnidipine in cases of amlodipine – Induced edema in hypertensives patients

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Background: Ankle oedema is a common adverse effect of Amlodipine, a widely used L-type Calcium Channel Blocker (CCB), seen in about 15% of patients receiving the drug. Cilnidipine is a newer third generation L/N-type CCB and is approved for the treatment of essential hypertension. This study was, therefore, planned to determine whether Cilnidipine therapy can produce resolution of Amlodipine-induced oedema while maintaining adequate control of blood pressure.
Methods: This study was carried out on 56 patients of essential hypertension with Amlodipine-induced oedema. Concomitant